

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

1072458

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
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28						
29						
30	1					
31		/				
32		/				
33		/				
34		/				
35		/				
36		/				
37	1					
38		/				
39		/				
40		/				
41		/				
42		/				
43		/				
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	12					
TOTAL CLAIMS	14					

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
52								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								